10/20/2010 11:52

### FEC FORM 3X

FE6AN026

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		roi Otile	i illali Ali	Authorize		ııtı <del>ce</del>		Office U	se Only	
1.	NAME OF COMMITTEE (in full)		MAILING LA OR PRINT	_	xample:If typ ver the lines	oing, type				
L	American Association of Nurs	se Anesthe	tists Separate		Fund (CRNA	A-PAC)				
Ш		1 1 1					1 1 1			
AD	DRESS (number and street)	222 So	uth Prospect /	Ave						
	Check if different	c/o Fina	ance Departm	ent 		1 1 1 1 1	1 1 1			
L	than previously reported. (ACC)	Park Ri	dge 					6	- 0068	4001
2.	FEC IDENTIFICATION NUM	IBER 🖫	_	CITY 🛕			STATE	4	ZIPCOD	E 🛕
	C00173153			3. IS THIS REPOR		NEW (N) <b>OR</b>		AMENDED (A)		
4.	TYPE OF REPORT (Choose One)		eport	Feb 20 (M	2)	May 20 (M5		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Di	ue On:	Mar 20 (M	3)	Jun 20 (M6)		Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15			Apr 20 (M	1)	Jul 20 (M7)	X	Oct 20 (M10)		Jan 31 (YE)
	Quarterly Report(Q July 15 Quarterly Report(Q	(c)	12-Day  PRE-Electi  Report for		Primary (		=	neral (12G) ecial (12S)		Runoff (12R)
	October 15 Quarterly Report(Q  January 31 Quarterly Report(YI			Election on					in the State of	
	July 31 Mid-Year Report(Non-election Year Only) (MY)		30-Day  Post -Elect Report for the second control of the second co		General (	30G)	Ru	noff (30R)		Special (30S)
	Termination Report (TER)			Election on					in the State of	
5.	Covering Period 0.9	0 1	201	0	throug	h 09	3 (	2010		
l ce	ertify that I have examined this F	Report and	to the best of	my knowledge	and belief i	it is true, correc	t and com	plete.		
Тур	pe or Print Name of Treasurer	Frank	J Purcell							
Sig	nature of Treasurer Electron	nically Filed	by Frank J	Purcell			Date	10 2	0 :	2010
NO	TE : Submission of false, error	neous, or in	complete info	rmation may s	subject the p	erson signing t	his Report	to the penalties	of 2 U.S	.C 437g.
	Office Use Only								FORN ev. 12/200	

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2 / 44

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1 2010 Y Y Y		136785.54
	(b) Cash on Hand at Begining of Reporting Period	155774.50	
	(c) Total Receipts (from Line 19)	34858.19	567222.27
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	190632.69	704007.81
	Total Disbursements (from Line 31)	72864.36	586239.48
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	117768.33	117768.33
	Debts and Obligations owed TO the committee (Itemize all on		
	Schedule C and/or Schedule D)	0.00	
	Debts and Obligations owed BY the committee (Itemize all on	0.00	
	Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 44

Write or Type Committee Name

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Report Covering the Period:

From: 0 9 M

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Y Y Y Y 2 0 1 0

I. Red	eipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:  (a) Individuals/Persons Other  There Political Control is a contribution of the contri			
Than Political C	ommittees se Schedule A)	11084.00	230695.65
(ii) Unitemized		23774.13	325776.17
(iii) TOTAL (ad Lines 11(a)	d (i) and (ii)	34858.13	556471.82
(b) Political Party C	ommittees	0.00	0.00
(c) Other Political C (such as PACs) (d) Total Contribution		0.00	0.00
11(a)(iii),(b) and Totals to Line 3	(c)) (Carry 3, page 5)	34858.13	556471.82
Transfers From Affili     Party Committees	ated/Other	0.00	0.00
3. All Loans Received .		0.00	0.00
<ol> <li>Loan Repayments R</li> <li>Offsets To Operating</li> </ol>		0.00	0.00
(Refunds, Rebates, (Carry Totals to Line) 6. Refunds of Contribute	37, page 5)	0.00	0.00
to Federal candidates Political Committees	s and Other	0.00	10750.00
7. Other Federal Receil (Dividends, Interest,	etc.)	0.06	0.45
8. Transfers from Non-	Federal and Levin Funds		
(a) Non-Federal Acc (from Schedule	H3)	0.00	0.00
(b) Levin Funds (fror	n Schedule H5)	0.00	0.00
(c) Total Transfer (ad	ld 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add L 12, 13, 14, 15, 16, 17	ines 11(d), 7, and 18(c))	34858.19	567222.27
0. Total Federal Receipt (subtract Line 18(c) f		34858.19	567222.27

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 44

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:  (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	2004.00	051700 40
Expenditures	8664.36	251789.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	8664.36	251789.48
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	64200.00	333450.00
and Other Political Committees	04200.00	000400.00
(use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
(use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
	0.00	0.00
7. Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	0.00	0.00
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements	0.00	1000.00
Federal Election Activity (2 U.S.C 431(20))     (a) Shared Federal Election Activity		
(from Schedule H6)	2.22	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	72864.36	586239.48
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	72864.36	586239.48

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 44

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	34858.13	556471.82
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	34858.13	556471.82
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8664.36	251789.48
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	8664.36	251789.48

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 44 (check only one)    X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	o solicit contributions from such committee.
	American Association of Nurse Anes	tnetists Sepa	rate Segregated Fund (CRIN	A-PAC)
۸.	Full Name (Last, First, Middle Initial) Norma F Sorelle Mailing Address 109 Keene Road			Date of Receipt
				09 28 2010
	City	State	Zip Code	Transaction ID: 32423591
	Acushnet	MA	02743-1305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Anesthesia Professional, Inc.	Occupation CRNA Lo	n ocum - part time	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		460.00	
_	Full Name (Last, First, Middle Initial) Wayne E Ellis			Date of Receipt
	Mailing Address 219 Crescent Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 32423592
	Beckley	WV	25801-3360	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Trover Foundation Anesthe-	Occupatio	n Director	
	sia Program  Receipt For:		e Year-to-Date ▼	
	Primary General	Aggregate	225.00	1
	Other (specify)		223.00	1
_	Full Name (Last, First, Middle Initial) Amy T Pfeil Neimkin	l		Date of Receipt
	Mailing Address 368 Woodward Ct			09 28 2010
	City	State	Zip Code	Transaction ID: 32423603
	Birmingham	AL	35242-6040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer UAB	Occupation CRNA	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1115.00	]
Г	SUBTOTAL of Receipts This Page (optional)			195.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate sche for each category of Detailed Summary	of the
or 1	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used be name and address of any political co	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
	American Association of Nurse Anes	hetists Separate Segregated Fu	ind (CRNA-PAC)
۱.	Full Name (Last, First, Middle Initial) Daniel Greenwald		Date of Receipt
	Mailing Address 11094 2nd Street		09 / 28 / Y Y Y Y Y
	City Maynt Varnan	State Zip Code WA 98273-7210	Transaction ID: 32423606
	Mount Vernon  FEC ID number of contributing federal political committee.	WA 98273-7210	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed	Occupation CRNA	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
	Full Name (Last, First, Middle Initial) Wilma K Gillis	0 0 0 0 0 0	Date of Receipt
	Mailing Address 7 Fuller Dr		09 / 29 / 2010
	City	State Zip Code	Transaction ID: 32423617
	Madison  FEC ID number of contributing federal political committee.	WI 53704-5924	Amount of Each Receipt this Period  50.00
	Name of Employer Univ of Wisconsin School of Med & Publ	Occupation CRNA	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	10.00
	Full Name (Last, First, Middle Initial) Jon W Buggs	1	Date of Receipt
	Mailing Address 1037 N 14th St		09 / 28 / 2010
	City	State Zip Code WI 54220-3234	Transaction ID: 32423619
	Manitowoc  FEC ID number of contributing federal political committee.	WI 54220-3234	Amount of Each Receipt this Period  25.00
	Name of Employer Holy Family Memorial	Occupation CRNA	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	25.00
			125.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate sche for each category of Detailed Summary	of the
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used be using the name and address of any political core.  e Anesthetists Separate Segregated Fu	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.  Ind (CRNA-PAC)
Full Name (Last, First, Middle Initial Col Brian D Campbell Mailing Address 14 Townsend  City Malden  FEC ID number of contributing federal political committee.  Name of Employer Winchester Anesthesia Associat Receipt For:		Date of Receipt    M   M   D   D   Q   2 8   2 0 1 0
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initia	7	65.00
Barbara J Skibiski  Mailing Address 330 Texas Dr  City	State Zip Code	Date of Receipt    M
Ozark  FEC ID number of contributing federal political committee.  Name of Employer	MO 65721-8766  C Occupation	Amount of Each Receipt this Period  50.00
St. John's Hospital  Receipt For: Primary General Other (specify)	CRNA Aggregate Year-to-Date ▼	10.00
Full Name (Last, First, Middle Initial Jamie Cobb Mailing Address 359 The Gree	,	Date of Receipt
City  Newberg  FEC ID number of contributing	State Zip Code OR 97132-7464	0 9 2 7 2 0 1 0  Transaction ID: 32423630  Amount of Each Receipt this Period  355.00
name of Employer Providence Newberg Medical Center	Occupation CRNA	333.00
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼	55.00
SUBTOTAL of Receipts This Page (	optional)	490.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 44 (check only one)    X   11a
or for commercial purposes, other  NAME OF COMMITTEE (In Fu	than using the name and a	arate Segregated Fund (CRN	son for the purpose of soliciting contributions o solicit contributions from such committee.  IA-PAC)
Full Name (Last, First, Middle In Betty J Brosh-Schoenecker Mailing Address 10447 W E City Boise  FEC ID number of contributing federal political committee.  Name of Employer Self Employed	State ID  C Occupati	Anesthetist	Date of Receipt    M M
Receipt For:  Primary Genera  Other (specify) ▼		te Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle II Cheryl L Pilsl  Mailing Address 13700 E 5			Date of Receipt  0 9 3 0 2 0 1 0
City Kansas City FEC ID number of contributing federal political committee.	State MO	Zip Code 64133-7719	Transaction ID: 32423635  Amount of Each Receipt this Period  100.00
Name of Employer Truman Medical Center School for Nurse Receipt For:  Primary  Genera  Other (specify) ▼		te Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle In Sara M Heffernan Mailing Address N1609 Mid			Date of Receipt
City LaCrosse	State WI	Zip Code 54601	Transaction ID: 32423636  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Gundersen Lutheran Medical Center Receipt For:		te Year-to-Date ▼	
Primary Genera Other (specify) ▼		600.00	
SUBTOTAL of Receipts This Page	e (optional)		300.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 44 (check only one)    X   11a
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Association of Nurse Anesth			
<b>∠</b> <b>A</b> .	Full Name (Last, First, Middle Initial) Paul D Beninga Mailing Address 6804 S Hughes Ave  City	State	Zip Code	Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
	Sioux Falls  FEC ID number of contributing federal political committee.	SD	57108-5834	Amount of Each Receipt this Period
	Name of Employer Avera McKinney Hospital  Receipt For: Primary General Other (specify)	Occupation CRNA Aggregate	Year-to-Date ▼ 1200.00	
3.	Full Name (Last, First, Middle Initial) Emilia Zeller  Mailing Address 2710 Casas Del Sur C	t		Date of Receipt  0 9 2 8 2 0 1 0
	City	State	Zip Code	Transaction ID: 32423638
	Granbury  FEC ID number of contributing federal political committee.	C	76049-1465	Amount of Each Receipt this Period  50.00
	Name of Employer Glen Rose Medical Center	Occupation CRNA	1	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Rebecca M Ray  Mailing Address 2409 Craig Cove Rd			Date of Receipt  0 9 2 7 2 0 1 0
	City	State	Zip Code	Transaction ID: 32423640
	Knoxville FEC ID number of contributing federal political committee.	C	37919-9314	Amount of Each Receipt this Period  155.00
	Name of Employer University of Tennessee Health Science	Occupation CRNA		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 355.00	
	SUBTOTAL of Receipts This Page (optional)	1		305.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 44 (check only one)    X   11a
0	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Association of Nurse Anest	hetists Sepa	rate Segregated Fund (CRN	A-PAC)
۷.	Full Name (Last, First, Middle Initial) Judith A Davenport			Date of Receipt
	Mailing Address 1080 Madeline St			09 / 30 / 4 2010
	City New Braunfels	State TX	Zip Code 78132-4723	Transaction ID: 32423641
	FEC ID number of contributing federal political committee.	C	70132-4723	Amount of Each Receipt this Period  500.00
	Name of Employer Agarita Anesthesia	Occupatio CRNA	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Sharon G Niemann  Mailing Address 2641 S 218th W			Date of Receipt
				0 9 28 2010
	City Goddard	State KS	Zip Code 67052-9275	Transaction ID: 32423644
	FEC ID number of contributing federal political committee.	C	01032-3213	Amount of Each Receipt this Period  85.00
	Name of Employer Newman University	Occupatio CRNA	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 770.00	
_ C.	Full Name (Last, First, Middle Initial) Debra P Pecka Malina			Date of Receipt
	Mailing Address 363 Riverbluff PI Apt	1		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 32423652
	Memphis  FEC ID number of contributing federal political committee.	C	38103-4141	Amount of Each Receipt this Period  100.00
	Name of Employer Regional Medical Center	Occupatio CRNA	n	
	Receipt For:  Primary General  Other (specify) ▼	<del>- ' '</del>	e Year-to-Date ▼ 1100.00	
	SUBTOTAL of Receipts This Page (optional) .			685.00
t	TOTAL This Period (last page this line numbe		<u> </u>	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 44 (check only one)    X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	o solicit contributions from such committee.
	American Association of Nurse Anesi	thetists Sepa	A-PAC)	
	Full Name (Last, First, Middle Initial) Keith W Larson			Date of Receipt
	Mailing Address 1529 Ivory Ct			09 28 2010
	City	State	Zip Code	Transaction ID: 32423656
	Lake Elmo	MN	55042-9311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Northfield Hospital	Occupatio CRNA	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	485.00	
_	Full Name (Last, First, Middle Initial) Jones B Darnell			Date of Receipt
	Mailing Address 212 Pinewood Dr			09 28 2010
	City	State	Zip Code	Transaction ID: 32423659
	Elkin	NC	28621-3035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		84.00
	Name of Employer Self Employed	Occupatio CRNA		
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		668.00	
	Full Name (Last, First, Middle Initial) Kendra S James			Date of Receipt
	Mailing Address 3700 Manly Rd			09 28 YYYY 2010
	City	State	Zip Code	Transaction ID: 32423667
	Goddard	KS	67052-9504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Christi Regional Medical Center	Occupatio CRNA	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	765.00	
	SUBTOTAL of Receipts This Page (optional)	1		254.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 44 (check only one)  X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Ful	leports and Statements may not be sold or used by any personan using the name and address of any political committee to a legislation of the sold of the sold or used by any personant using the name and address of any political committee to a legislation of the sold of t	
Full Name (Last, First, Middle In		<u> </u>
Martin F O'Connor  Mailing Address 10524 Pine	Glen Ave Apt 102	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City Las Vegas	State Zip Code NV 89144-4234	Transaction ID: 32423668  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Robert E Bush Navwel Hosp- ital	Occupation CRNA	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	
Full Name (Last, First, Middle In Dustin J Degman	,	Date of Receipt
Mailing Address 10 Oak Spr	ings Dr	09 28 2010
City	State Zip Code	Transaction ID: 32423677
Arden	NC 28704-8834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer asheville anesthesia	Occupation crna	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	965.00	
Full Name (Last, First, Middle In Jeffrey A Schneider	itial)	Date of Receipt
Mailing Address 4764 Sand	Lake Rd	09 28 2010
City	State Zip Code	Transaction ID: 32423685
Moose Lake	MN 55767-9215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Mercy Hospital	Occupation CRNA	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	e (optional)	470.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 44 (check only one)    X
A or	ny information copied from such Reports and for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Association of Nurse Anes	thetists Separ	rate Segregated Fund (CRN	A-PAC)
۸.	Full Name (Last, First, Middle Initial) Melissa K Hagan			Date of Receipt
	Mailing Address 2511 Hidden Woods	Dr		09 / 25 / 2010
	City Canton	State MI	Zip Code	Transaction ID: 32423690
	FEC ID number of contributing federal political committee.	C	48188-2475	Amount of Each Receipt this Period  25.00
	Name of Employer Oakwood Hospital & Medical Center	Occupation CRNA	1	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
-	Full Name (Last, First, Middle Initial) Adriane T Fain			Date of Receipt
	Mailing Address 2809 New Hampshire	09 28 2010		
	City	State	Zip Code	Transaction ID: 32423691
	Joplin  FEC ID number of contributing federal political committee.	C	64804-2948	Amount of Each Receipt this Period  25.00
	Name of Employer Freeman Health System Sur- gical Center	Occupation CRNA	1	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
	Full Name (Last, First, Middle Initial) Cary N Carter			Date of Receipt
	Mailing Address 618 Arvern Dr			09 28 2010
	City	State	Zip Code	Transaction ID: 32423692
	Altamonte Spg FEC ID number of contributing federal political committee.	C	32701-6226	Amount of Each Receipt this Period  50.00
	Name of Employer Wolverine Anesthesia Cons- ultants	Occupation CRNA	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00	
	SUBTOTAL of Receipts This Page (optional)	1		100.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 44 (check only one)    X   11a
A oı	ny information copied from such Reports and for commercial purposes, other than using the	Statements man	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Association of Nurse Anes	thetists Sepa	rate Segregated Fund (CRN	A-PAC)
	Full Name (Last, First, Middle Initial) Christopher W Hogan  Mailing Address 205 Campbell Drive			Date of Receipt
	Mailing Address 205 Campbell Drive			09 28 2010
	City	State	Zip Code	Transaction ID: 32423693
	Lawrence	KS	66049-4288	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Anesthesia Services of Ea- stern Jackson	Occupatio CRNA	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		270.00	
	Full Name (Last, First, Middle Initial) Lawrence R Stump			Date of Receipt
	Mailing Address 220 Lyndenglen Dr Apt 208			09 / 10 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 32425080
	Ann Arbor	MI	48103-6982	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer University of Michigan	Occupatio CRNA		
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		225.00	
	Full Name (Last, First, Middle Initial) Kathleen McCarthy			Date of Receipt
	Mailing Address 20 Adams Street			0 9 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 32425083
	Peaks Island	ME	04108-1301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Maine Medical Center	Occupatio CRNA	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	]
Г	SUBTOTAL of Receipts This Page (optional)			310.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 44 (check only one)    X   11a
0	any information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	
	NAME OF COMMITTEE (In Full)  American Association of Nurse Anestl	netists Sepai	rate Segregated Fund (CRNA	A-PAC)
	Full Name (Last, First, Middle Initial) Richard J Troast  Mailing Address 468 Manchester Avenue			Date of Receipt
	City	State	Zip Code	0 9 0 9 2 0 1 0 Transaction ID: 32425085
	North Haledon	NJ	07508-2775	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self	Occupatio CRNA	n	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	]
	Full Name (Last, First, Middle Initial) Yvonne F Sias			Date of Receipt
	Mailing Address 2031 Shenandoah St	0 9 0 7 2 0 1 0 Transaction ID: 32425086		
	City	·		
	Los Angeles	CA	90034-1220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Self	Occupatio CRNA	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
	Full Name (Last, First, Middle Initial) Charles C Jenks, Jr			Date of Receipt
	Mailing Address PO Box 59			09 / 07 / 4 9 9
	City	State	Zip Code	Transaction ID: 32425087
	Greenville	ME	04441-0059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Primary Anesthesia Provid- er	Occupatio CRNA		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)	1		300.00

SCHEDULE A (FEC	TS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 44 (check only one)    X   11a
NAME OF COMMITTEE (	(In Full)		on for the purpose of soliciting contributions o solicit contributions from such committee.
American Association	of Nurse Anesthetists Separ	ate Segregated Fund (Chin	A-PAC)
Full Name (Last, First, Mid Jane A Kamper	Idle Initial)		Date of Receipt
Mailing Address 1215 F	Ravina Park Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 32425090
Decatur	IL	62526-3140	Amount of Each Receipt this Period
FEC ID number of contributed rederal political committee.			100.00
Name of Employer Decatur Memorial Hospital	Occupation CRNA	n	
Receipt For:  Primary Ge Other (specify) ▼	Aggregate eneral	Year-to-Date ▼ 1100.00	
Full Name (Last, First, Mid Cheryl L Nimmo	Idle Initial)		Date of Receipt
	erdeen Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 32425101
East Providence	RI	02915-5002	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.			100.00
Name of Employer Orthopaedic Associates	Occupation CRNA	n	
Receipt For:  Primary Ge  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	
Full Name (Last, First, Mid Vance Wormwood	Idle Initial)		Date of Receipt
Mailing Address 29 Wir	ndsor Pines Drive		09 10 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 32425106
Scarborough	ME	04074-8865	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.			20.00
Name of Employer Mercy Hospital	Occupation CRNA	n	
Receipt For:  Primary Ge  Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	
SUBTOTAL of Receipts Thi	 s Page (optional)		220.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 44 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to esthetists Separate Segregated Fund (CRN)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	estrietists Separate Segregated Fund (Onivi	4-FAO)
James R Ragon  Mailing Address 45 Parkview Cv		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City Piperton	State Zip Code TN 38017-5389	Transaction ID: 32425108  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Self	Occupation CRNA	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Bruce A Weiner		Date of Receipt
Mailing Address 9901 Emerald Link	0 9 0 9 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 32425123
<u>Tampa</u>	FL 33626-2551	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self	Occupation CRNA	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Terry C Wicks	•	Date of Receipt
Mailing Address PO Box 910  111 Windsor Street		09 10 2010
City Rutherford College	State Zip Code NC 28671-0910	Transaction ID: 32425130  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	85.00
Name of Employer Catawba Valley Medical Ce- nter	Occupation crna	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	
SUBTOTAL of Receipts This Page (optional	, n	1115.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 44 (check only one)    X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to nesthetists Separate Segregated Fund (CRN)	
Full Name (Last, First, Middle Initial) Celeste G Villanueva Mailing Address 955 Meadowsweel	Drive	Date of Receipt  0 9 1 0 2 0 1 0
City Corte Madera	State Zip Code CA 94925-1761	Transaction ID: 32425131  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	85.00
Name of Employer The Permanente Medical Group Receipt For:  Primary General Other (specify) ▼	Director of Anesthesia  Aggregate Year-to-Date ▼  765.00	
Full Name (Last, First, Middle Initial) Susan L Sonson Mailing Address 5757 Collins Ave A	Apt 1101	Date of Receipt  0 9 0 2 2 0 1 0
City	State Zip Code	Transaction ID: 32425140
Miami Beach	FL 33140-2305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Jackson Memorial	Occupation CRNA	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Frances E Kramer		Date of Receipt
Mailing Address 2531 Frankfort Av		09 / 09 / 2010
City <u>E</u> l Paso	State Zip Code TX 79930-1817	Transaction ID: 32425142  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Texas Tech University Hea- Ith Sciences Receipt For:	Occupation CRNA	
Receipt For:    Primary   General   Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
OUDTOTAL of Descriptor This Descriptor	al)	685.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 44 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Association of Nurse Anesth	netists Sepa	rate Segregated Fund (CRN/	A-PAC)
Full Name (Last, First, Middle Initial) Deborah A Cleary			Date of Receipt
Mailing Address 584 County Road 543			09 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 32425151
<u>Hondo</u>	TX	78861-5505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Wilford Hall Medical Ctr - Lockland AF	Occupatio CRNA	n	
Receipt For:	Aggregate	e Year-to-Date	
Primary General Other (specify) ▼	0 0	1200.00	
Full Name (Last, First, Middle Initial) Kandi T Smith	!		Date of Receipt
Mailing Address 816 Pradera Ct E			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 32425152
Fort Worth	TX	76108-9595	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Aloha Nurse Anesthesia Se- rvices, PC	Occupatio CRNA	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1642.50	
Full Name (Last, First, Middle Initial) Karen L Pope			Date of Receipt
Mailing Address 2809 Dahlgreen Rd			0 9 0 8 2 0 1 0
City	State	Zip Code	Transaction ID: 32425161
Raleigh	NC	27615-4082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Critical health Systems of NC	Occupatio CRNA	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		650.00	
SUBTOTAL of Receipts This Page (optional)		<b>_</b>	270.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 44 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to sthetists Separate Segregated Fund (CRNA	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Alan D Ailles Mailing Address 415 Oakhaven St  City Baytown  FEC ID number of contributing federal political committee.  Name of Employer Surgery Specialty Hospitals of America Receipt For:	State Zip Code TX 77520-1269  C  Occupation CRNA  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  O 9 0 6 2 0 1 0  Transaction ID: 32425165  Amount of Each Receipt this Period  100.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	600.00	
Brian C Neal  Mailing Address 1319 Glenwood Car  City  Houston  FEC ID number of contributing federal political committee.  Name of Employer Longhorn Anesthesia LTD  Receipt For:  Primary General  Other (specify)	State Zip Code TX 77077-1075  C  Occupation CRNA  Aggregate Year-to-Date   500.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 9 / D 2 / 2 0 1 0  Transaction ID: 32425177  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Ron S Seligman Mailing Address 222 Cheshire Rd  City Severna Park  FEC ID number of contributing federal political committee.  Name of Employer Comfortably Numb Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 21146-3215  C  Occupation CRNA  Aggregate Year-to-Date   400.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	)	800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each categ Detailed Sumi	gory of the X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or us e name and address of any polition	used by any person for the purpose of soliciting contributions tical committee to solicit contributions from such committee.
American Association of Nurse Anes	thetists Separate Segregated	ed Fund (CRNA-PAC)
Full Name (Last, First, Middle Initial) Eugene A McGough		Date of Receipt
Mailing Address 101 Medford Ct		0 9 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 32425180
Yorktown	VA 23693-0012	2 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Naval Medical Center, Por- tsmouth	Occupation CRNA	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼		500.00
Full Name (Last, First, Middle Initial) Kelly J Hauck	.1	Date of Receipt
Mailing Address 2411 Bay Spring St		0 9 0 1 2 0 1 0
City	State Zip Code	Transaction ID: 32425210
Pearland	TX 77584-8193	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Baylor College of Medicine	Occupation Clinical Coordinator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) Timothy J McGuire		Date of Receipt
Mailing Address 1438 Ridge Cliff Ln N	E	0 9
City	State Zip Code	Transaction ID: 32425216
Rochester	MN 55906-8705	5 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer Mayo Graduate School	Occupation CRNA	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	305.00
SUBTOTAL of Receipts This Page (optional)		405.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 44 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Association of Nurse An	g the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Belle P Neal Mailing Address 1319 Glenwood Ca	anvon I n		Date of Receipt
City Houston	State TX	Zip Code 77077-1075	Transaction ID: 32425223  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Texas Christian University  Receipt For:  Primary General  Other (specify) ▼	Occupation CRNA  Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Amy H Fleming Mailing Address 35 Caledonia Rd	1		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 32425227
Asheville	NC	28803-2536	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Asheville Anesthesia Assc	Occupation CRNA	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	
Full Name (Last, First, Middle Initial) Michael A Mackinnon	•		Date of Receipt
Mailing Address 7701 W Saint Johr	n Rd Apt 2118		09 10 2010
City	State	Zip Code	Transaction ID: 32425231
Glendale  FEC ID number of contributing federal political committee.	AZ C	85308-8633	Amount of Each Receipt this Period  85.00
Name of Employer ARIZONA HEART ANESTHESIA	Occupation CRNA	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	
SUBTOTAL of Receipts This Page (options	al)		625.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	*tatamanta ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 44 (check only one)    X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Association of Nurse Anestl	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial)  Michael P Cogan  Mailing Address 411 E 75th St Apt 6B			Date of Receipt
	City	State	Zip Code	0 9 0 9 2 0 1 0 Transaction ID: 32425234
	New York	NY	10021-3178	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Requested	Occupation CRNA	on	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Elsie C Murray Mailing Address 1429 Beulah Road	1		Date of Receipt  0 9 1 6 2 0 1 0
	City	State	Zip Code	Transaction ID: 32425239
	Pittsburgh	PA	15235-5002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Western Pa. Hospital - Pg- h., Pa. Receipt For:	Occupation CRNA		
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
С. С.	Full Name (Last, First, Middle Initial) Christine T Darnielle Mailing Address 45 Centaurus Ranch Rd			Date of Receipt
	45 Gentadras Handri			09 16 2010
	City	State	Zip Code	Transaction ID: 32425265
	Santa Fe  FEC ID number of contributing federal political committee.	C	87507-7912	Amount of Each Receipt this Period  100.00
	Name of Employer Independent Contractor	Occupation CRNA	on	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)			1600.00
	TOTAL This Period (last page this line number	only)		

В.

C.

	Г		FOR LINE NUMBER DACE OF 144
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 44 (check only one)
ITEMIZED RECEIPTS		for each category of the	
TI EMILED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and State or for commercial purposes, other than using the nan	ments may me and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Association of Nurse Anesthetis	sts Separ	ate Segregated Fund (CRN/	4-PAC)
Full Name (Last, First, Middle Initial)			
Cynthia J Ferdinandsen			Date of Receipt
Mailing Address 1041 Barn Owl Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 32425273
Haw River	NC	27258-5400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Mission Hospitál	Occupation CRNA	)	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Mark E Hopkins			Date of Receipt
Mailing Address 5 Amsterdam Ln			09 16 7 2010
City	State	Zip Code	Transaction ID: 32425275
Simpsonville	SC	29681-5986	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Greenville Hospital System	Occupation CRNA	1	7
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		750.00	1
Other (specify) ▼		750.00	
Full Name (Last, First, Middle Initial) Harold E Soles, Jr			Date of Receipt
Mailing Address 1104 Von Cannon Way			09 16 2010
City	State	Zip Code	Transaction ID: 32425280
Sevierville	TN	37876-0258	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Cardan Amarikatia Amaria	Occupation CRNA	1	
·	Aggregate	Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)			750.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 44 (check only one)    X
or for c	ormation copied from such Reports and S commercial purposes, other than using the ME OF COMMITTEE (In Full) nerican Association of Nurse Anestl	e name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Name (Last, First, Middle Initial)		Tate Cogregation Fund (Crist)	1
Eliz	abeth C Koop			Date of Receipt
	ling Address 2001 N Adams St Uni		7:a Coda	0 9 1 6 2 0 1 0
City <b>A</b> rl	ington	State VA	Zip Code 22201-3752	Transaction ID: 32425298  Amount of Each Receipt this Period
FE	C ID number of contributing eral political committee.	C		205.00
Nar Der	ne of Employer ntal Anesthesia Assoc	Occupation CRNA	n	
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 205.00	
	Name (Last, First, Middle Initial) n F Pare			Date of Receipt
Mai	ling Address 11211 Bridgeport Dr			0 9 1 2 2 0 1 0
City		State	Zip Code	Transaction ID: 32425301
<u>Te</u>	mple	TX	76502-6419	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		25.00
Nar Sel	ne of Employer f Employed	Occupation CRNA	n	
Rec	ceipt For:	, ·	e Year-to-Date	
	Primary General Other (specify) ▼		275.00	
	Name (Last, First, Middle Initial) Iget C Wolfe			Date of Receipt
Mai	ling Address 46-320 Kupale St			0 9 1 6 2 0 1 0
City		State	Zip Code	Transaction ID: 32425308
	neohe	HI	96744-4139	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		100.00
	ne of Employer eenville Hospital	Occupation CRNA		
Rec	ceipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	OTAL of Receipts This Page (optional)	•		330.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 44 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions
/	nesthetists Separate Segregated Fund (CRN	A-PAC)
Full Name (Last, First, Middle Initial)  Jose J Ortiz  Mailing Address 13534 W Windsor	Blvd	Date of Receipt
City Litchfield Park	State Zip Code AZ 85340-4024	Transaction ID: 32425331  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Anesthesia Medical Pro	Occupation CRNA	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Shelley D Krauth		Date of Receipt
Mailing Address 205 Hemler Dr		0 9 1 5 2 0 1 0
City	State Zip Code	Transaction ID: 32425338
Chapel Hill  FEC ID number of contributing federal political committee.	NC 27517-3442	Amount of Each Receipt this Period  250.00
Name of Employer UNC Health Care Systems	Occupation CRNA	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Steven J Knight		Date of Receipt
Mailing Address 114 Country Ln Ro		09 20 2010
City West Point	State Zip Code IA 52656-9503	Transaction ID: 32469327
FEC ID number of contributing federal political committee.	IA 52656-9503	Amount of Each Receipt this Period  100.00
Name of Employer Midwest Anesthesia Care	Occupation CRNA	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
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PAGE 28 / 44 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC) Full Name (Last, First, Middle Initial) Date of Receipt Lisa C Waggoner Mailing Address 9508 S 27th St 09 20 2010 Zip Code City State Transaction ID: 32469352 Bellevue NE 68147-8409 Amount of Each Receipt this Period FEC ID number of contributing 50.00 C federal political committee. Name of Employer Lakeside Hospital Occupation **CRNA** Receipt For: Aggregate Year-to-Date General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) Farley David Hambright Date of Receipt Mailing Address 2125 Walbash Dr 0 9 20 2010 City State Zip Code Transaction ID: 32469359 **Montgomery** ΑL 36116-1366 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer requested Occupation **CRNA** Receipt For: Aggregate Year-to-Date ▼ Primary General

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NAME OF COMMITTEE (in Full) American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)  Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South Dakota  Mailing Address PO Box 2009  City State Zip Code Sioux Falls Sioux Falls Sioux Falls Stephanie Herseth Sandlin Office Sought:  X House Senate President In Sond In So	TEMIZED	DISBURSEMENT			21b	22 X 23 24 25
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)  Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South Dakota  Mailing Address PO Box 2009  City State Zip Code SD 57101  Purpose of Disbursement candidate contribution  Candidate Name Senate President State: SD District: 01  Full Name (Last, First, Middle Initial) Primary X General  Office Sought: X House President State: SD District: 01  Full Name (Last, First, Middle Initial) Purpose of Disbursement Candidate Contribution  Candidate Name Senate President State: SD District: 01  Full Name (Last, First, Middle Initial) Full Name (Last, F	Any Information cor for commercial	opied from such Reports an	d Statements may n	ot be sold or used	d by any person to	for the purpose of soliciting contributions plicit contributions from such committee
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City Washington		State DC	Zip Code 20003		Amount of Each Disbursement this Period
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City Cape Girardeau		State MO	Zip Code 63701		Amount of Each Disbursement this Perio
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	Searchlight Leadership Fund				Date of Disbursement			
	Mailing Address 422 C St. NE Lower Level				099 / 014 / 2010			
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	Full Name (Last, First, Middle Initial) Terri Sewell For Congress				Transaction ID: 32248966 Date of Disbursement			
	Mailing Address P.O. Box 1964				09			
	City Birmingham	State Zip Code AL 35201			Amount of Each Disbursement this Perio			
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	Full Name (Last, First, Middle Initial) Bright For Congress				Transaction ID: 32248970 Date of Disbursement			
	Mailing Address P.O.Box 2106				099 / 014 / 2010			
	City Montgomery	State Zip Code AL 36102			Amount of Each Disbursement this Perio			
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Rogers For Congress				Date o	of Disburse	ement 9 / `	Ý	0 1 0	Υ
Mailing Address 520 Seymour Ave, Suite							1		
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		District: 01 First, Middle Initial)					Transaction ID: 32348164 Date of Disbursement
	Mailing Address	PO Box 9639					$\begin{bmatrix}\begin{smallmatrix}M&0&M\\0&9&\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&2&D\\2&9\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&&Y&&Y&&Y\\&&2&0&1&0\end{smallmatrix}$
	City Bowling Green		State KY	Zip Code 42102	<u> </u>		Amount of Each Disbursement this Perio
	Purpose of Disbu					011	1000.00
	Candidate Name Mr. S. Brett Gu	ıthrie				ategory/ Type	
	Office Sought: State: KY	X House Senate President District: 02	Disbursement I Prima Othe				candidate contribution
		First, Middle Initial)	1				Transaction ID: 32348165 Date of Disbursement
	Mailing Address	P. O. Box 5332	22				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & 2 \end{smallmatrix} \end{bmatrix} $
	City Bellevue		State WA	Zip Code 98015	ı		Amount of Each Disbursement this Perio
	Purpose of Disbucandidate contrib					011	1500.00
	Candidate Name Rep. David Ge	orge Reichert				ategory/ Type	
		χ House	Disbursement I				candidate contribution
	Office Sought: State: WA	Senate President District: 08	Othe	r (specify) ▼	iciai		

5(	CHEDOLE B	(FEC Form	3X)	Use sepa	arate schedule(s)				NUMBI	ER:	F	PAGE	37 / 4	4
IT	EMIZED DIS	BURSEMEN	TS	for each	category of the Summary Page		(cn	eck on 21b 27	y one) 22 28a	X 23 28b	24 28	, П	25 29	П
		d from such Reports												
V	NAME OF COMM		ng the name	and addres	ss of any political	COIII		ee 10 St	JIICIL COITI	indutions	ITOITI SUCI	COITIII	IIIIEE	
$\rangle$		ciation of Nurse A	nesthetist	s Separat	e Segregated	Fund	d (C	RNA-	PAC)					
	Full Name (Last, F Joe Wilson For	irst, Middle Initial) Congress Comm	ittee							saction I of Disbu	D: 3234 sement	8166		
	Mailing Address	PO Box 2145							0 <sup>M</sup> 9	M / C	29	y y 2	0 1 0	Υ
	City West Columbia			State SC	Zip Code 29171				Amo	unt of Ead	ch Disburs			erio
	Purpose of Disbur candidate contribu						011		L.			100	00.00	
	Candidate Name Rep. Joe Wilso	n					atego Type	-						
	Office Sought:	X House Senate President	Disburse	ment For: Primary Other (spe	2010 X General				cand	idate co	ntributio	n		
	State: SC Full Name (Last, F	District: 02							_		- 000			
	John Salazar F									of Disbu				
	Mailing Address P.O. Box 534								0 9	M / C	29	ž	0 1 0	Y
	City Pueblo			State CO	Zip Code 81002				Amo	unt of Ead	h Disbur	sement	this P	erio
	Purpose of Disbur candidate contribu						011		L.			150	00.00	
	Candidate Name Mr. John Salaza	ar					atego Type							
	Office Sought:	X House Senate President District: 03	Disburse	ment For: Primary Other (spe	2010 X General ecify) ▼				cand	idate co	ntributio	n		
	Full Name (Last, F Langevin for Co	irst, Middle Initial)								saction I	D: 3234	8171		
	Mailing Address	181-A Knight S	treet						o <sup>M</sup> 9	M / C	29 /	y y Ž	0 Ĭ 0	Υ
	City Warwick			State RI	Zip Code 02886				Amo	unt of Ead	ch Disburs	sement	this P	erio
	Purpose of Disbursement candidate contribution						011		L.			100	00.00	-
	Candidate Name James Langevi	n				Ca	atego Type	ory/						
	Office Sought:	X House Senate President	Disburse	ment For: Primary Other (spe	2010 X General ecify) <b>V</b>				cand	idate co	ntributio	n		
_	State: RI	District: 02												_
		ursements This Page	- (ti1)									250	00.00	

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	s)		R LINE NUMBER: PAGE 38 / 44 eck only one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		2 2	21b 22 X 23 24 25 27 28a 28b 28c 29
	Information copied from such Reports and State or commercial purposes, other than using the na				
	NAME OF COMMITTEE (In Full)  American Association of Nurse Anesthet				
<u> </u>	Full Name (Last, First, Middle Initial) Virginia Foxx For Congress				Transaction ID: 32348173 Date of Disbursement
	Mailing Address P.O. Box 1100				09 7 29 7 2010
	City Clemmons	State Zip Code NC 27012			Amount of Each Disbursement this Period
	Purpose of Disbursement candidate contribution			011	1000.00
	Candidate Name Rep. Virginia Foxx		1	ategory Type	•
	Senate President	sement For: 2010 Primary X General Other (specify) ▼			candidate contribution
	State: NC District: 05  Full Name (Last, First, Middle Initial)  Friends Of Roy Blunt				Transaction ID: 32348175 Date of Disbursement
	Mailing Address 333 Park Central East Suite 818				09 / 29 / 2010
	City Springfield	State Zip Code MO 65806			Amount of Each Disbursement this Period
	Purpose of Disbursement Void: Check #6957 dated 10/28/2009 was not ca	ashed.		011	-1000.00
	Candidate Name Mr. Roy Blunt			ategory Type	
	Office Sought:    House   Disbur     X   Senate   President     State: MO   District:	sement For: 2010 Primary X General Other (specify) ▼			Void: Check #6957 dated 10/28/2009 was not cashed.
	Full Name (Last, First, Middle Initial) Friends Of Roy Blunt				Transaction ID: 32348176 Date of Disbursement
	Mailing Address 333 Park Central East Suite 818				09 7 29 7 2010
	City Springfield	State Zip Code MO 65806			Amount of Each Disbursement this Period
	Purpose of Disbursement candidate contribution			011	1000.00
	Candidate Name Mr. Roy Blunt			ategory Type	
	Office Sought:  House X Senate President  State: MO District:	sement For: 2010 Primary X General Other (specify)			candidate contribution
_	JBTOTAL of Disbursements This Page (optiona				1000.00

SCHEDULE B (FEC FOIII 3)	' Use separate		FOR LINE (check only	
TEMIZED DISBURSEMENTS	Detailed Sum	nmary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and or for commercial purposes, other than using t				
NAME OF COMMITTEE (In Full)  American Association of Nurse Ane	sthetists Separate S	egregated Fun	nd (CRNA-F	PAC)
Full Name (Last, First, Middle Initial) Friends Of Phil Hare				Transaction ID: 32348177 Date of Disbursement
Mailing Address 224 18th Street P.O. Box 4183				$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City Rock Island		p Code 1204		Amount of Each Disbursement this Period
Purpose of Disbursement candidate contribution			011	1500.00
Candidate Name Rep. Phil Hare		C	Category/ Type	
Senate President	Disbursement For: Primary Other (specify)	2010 X General		candidate contribution
State: IL District: 17  Full Name (Last, First, Middle Initial)				Transaction ID: 32348178
Goal PAC				Date of Disbursement
Mailing Address PO Box 37				$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City Roseville		p Code 8066		Amount of Each Disbursement this Perio
Purpose of Disbursement annual contribution			011	2500.00
Candidate Name		C	Category/ Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary Other (specify)	General ▼		annual contribution
Full Name (Last, First, Middle Initial) Upton For All Of Us				Transaction ID: 32348179 Date of Disbursement
Mailing Address 285 Ridgeway St Po Box 900				09
City Saint Joseph		p Code 9085		Amount of Each Disbursement this Period
Purpose of Disbursement candidate contribution			011	1000.00
Candidate Name Fred Upton			Category/ Type	
Senate President	Disbursement For: Primary Other (specify)	2010 X General		candidate contribution
State: MI District: 06				
				5000.00

U	CHEDULE B (FEC Form 3X)	Use separate s	chedule(s)	FOR LINE	
ITE	EMIZED DISBURSEMENTS	for each catego Detailed Summ	ry of the (	(check only 21b 27	22   X 23   24   25   28a   28b   28c   29
	r Information copied from such Reports and Stater or commercial purposes, other than using the nam				
$\overline{}$	NAME OF COMMITTEE (In Full)  American Association of Nurse Anesthetis				
	Full Name (Last, First, Middle Initial)				Transaction ID: 32348180
	Mike R Fund				Date of Disbursement  O 9 2 9 2 0 1 0
	Mailing Address P.O Box 2485				09 29 2010
	City Springfield	State Zip 0 VA 221	Code 52		Amount of Each Disbursement this Period
	Purpose of Disbursement annual contribution		Г	011	1000.00
	Candidate Name			Category/ Type	
	Senate President	ement For: Primary Other (specify)	General	71-2	annual contribution
	State: District: Full Name (Last, First, Middle Initial)				Turn and in ID 000 404 04
	John S Fund				Transaction ID: 32348181 Date of Disbursement
	Mailing Address PO Box 65796				$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} M \end{smallmatrix} \end{bmatrix} \ \begin{smallmatrix} D \\ D \end{smallmatrix} 2 \ \begin{smallmatrix} D \\ D \end{smallmatrix} \ \end{smallmatrix} \ \begin{smallmatrix} D \\ D \end{smallmatrix} \ \end{smallmatrix} \ \end{smallmatrix} \ \end{smallmatrix} \ \begin{smallmatrix} D \\ D \end{smallmatrix} \ \end{smallmatrix} \ \begin{smallmatrix} D \\ D \end{smallmatrix} \ \end{smallmatrix} \ \end{smallmatrix} \ \begin{smallmatrix} D \\ D \end{smallmatrix} \ \end{smallmatrix} \ \end{smallmatrix} \ \begin{smallmatrix} D \\ D \end{smallmatrix} \ \end{smallmatrix} \ \end{smallmatrix} \ \begin{smallmatrix} D \\ D \end{smallmatrix} \ \end{smallmatrix} \ \end{smallmatrix} \ \begin{smallmatrix} D \\ D \end{smallmatrix} \ \end{smallmatrix} \ \end{smallmatrix} \ \begin{smallmatrix} D \\ D \end{smallmatrix} \ \end{smallmatrix} \ \end{smallmatrix} \ \ \begin{smallmatrix} D \\ D \end{smallmatrix} \ \end{smallmatrix} \ \end{smallmatrix} \ \ \begin{smallmatrix} D \\ D \end{smallmatrix} \ \end{smallmatrix} \ \ \end{smallmatrix} \ \ \end{smallmatrix} \ \ \begin{smallmatrix} D \\ D \end{smallmatrix} \ \end{smallmatrix} \ \ D \end{smallmatrix} \ \ \begin{smallmatrix} D \\ D \end{smallmatrix} \ \ D \end{smallmatrix} \ \ D \end{smallmatrix} \ \ D \ D \end{smallmatrix} \ \ D \ D $
	City Washington	State Zip 0	Code 035		Amount of Each Disbursement this Period
	Purpose of Disbursement annual contribution			011	2500.00
	Candidate Name John S Fund			Category/ Type	
	Office Sought: House Senate President State: District:	ement For: Primary Other (specify)	General		annual contribution
	Full Name (Last, First, Middle Initial) Dave Camp For Congress				Transaction ID: 32348182 Date of Disbursement
	Mailing Address P.O. Box 423				$\begin{bmatrix}\begin{smallmatrix}M\\O\end{smallmatrix}9^M\end{smallmatrix} / \begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}9\end{smallmatrix} / \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0\end{smallmatrix}10^Y$
	City Midland	State Zip (	Code 640		Amount of Each Disbursement this Period
	Purpose of Disbursement candidate contribution		П	011	2500.00
	Candidate Name Dave Camp			Category/ Type	
	Office Sought: X House Disburs Senate President		2010 General	711 -	candidate contribution
	State: MI District: 04				
	JBTOTAL of Disbursements This Page (optional)				6000.00

	CHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS		arate schedule(s)	(check on			NE NUMBER: PAGE 41 / only one)							44	44		
•	EMIZED DIODOTIOEMENTO		Summary Page		Н	21b 27	$\frac{2}{2}$	2 8a	X	23 28b	F	24 28c	F	25 29		26 30b	
	ny Information copied from such Reports and State for commercial purposes, other than using the name														s		
	NAME OF COMMITTEE (In Full)  American Association of Nurse Anesthetis	sts Separat	te Segregated	Fund	d (C	CRNA-	PAC	)									
Α.	Full Name (Last, First, Middle Initial) Mike Thompson for Congress						D	ate o	f Di	sburs	en				Y		
	Mailing Address P.O. Box 1998						(	9		2	2 5	9	2	0 1	0		
	City St. Helena	State CA	Zip Code 94574				A	mour	nt of	Each	n D	Disburse	-	-		od	
	Purpose of Disbursement candidate contribution				01	1	1500.00										
	Candidate Name Mike Thompson				ateg Typ	ory/ e											
	Office Sought:  X House Senate President State: CA District: 01	Primary Other (spe	2010 X General ecify)				ca	ndic	late	e con	tri	bution					
В.	Full Name (Last, First, Middle Initial) Lisa Murkowski For Us Senate						D		f Di	sburs	en				V		
	Mailing Address PO Box 100847						(	9 "		3	3 (	֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	2	0 1	0 '		
	City Anchorage	State AK	Zip Code 99510				A	mour	nt of	Each	ı C	Disburse	-			od	
	Purpose of Disbursement candidate contribution	011			2000.00												
	Candidate Name Ms. Lisa Murkowski			Ca		ory/											
	Office Sought:  House X Senate President  State: AK  Disburs	Primary Other (spe	2010  X General ecify)				ca	ndic	late	e con	tri	bution					

SUBTOTAL of Disbursements This Page (optional)	•	3500.00
TOTAL This Period (last page this line number only)	<b></b>	64200.00

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C.

SCHEDULE B (FEC Form 3X)	Han annual of the Co	FOR LINF	NUMBER: PAGE 42 / 44
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	y one)
	Detailed Summary Page	X 21b 27	22   23   24   25   26   28a   28b   28c   29   30b
Any Information copied from such Reports and Statem			
or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	e and address of any political	committee to so	olicit contributions from such committee
American Association of Nurse Anesthetist	s Separate Segregated F	Fund (CRNA-F	PAC)
Full Name (Last, First, Middle Initial)			Transaction ID: 32248972
CAPT Werner H Beckerhoff			Date of Disbursement
Mailing Address 5410 Colibri PI			09 14 7 2010
,	State         Zip Code           NM         87402-0983		Amount of Each Disbursement this Period
Purpose of Disbursement PAC Committee member travel to Annual Mtg		002	1391.62
Candidate Name		Category/ Type	
Office Sought:  Senate President State:  Disburse	ment For: Primary General Other (specify)		PAC Committee member travel to Annual Mtg
Full Name (Last, First, Middle Initial)			Transaction ID: 32248974
Debbie W Feemster			Date of Disbursement
Mailing Address 1191 Hieatt Ln			09 14 7 2010
	State Zip Code KY 40068-7900		Amount of Each Disbursement this Period
Purpose of Disbursement	40000-7900		1162.36
PAC Committee member travel to Annual Mtg  Candidate Name		002	
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		PAC Committee member travel to Annual Mtg
State: District:  Full Name (Last, First, Middle Initial)			
Sheryl M May			Transaction ID: 32248975 Date of Disbursement
Mailing Address 3300 Dutton Rd			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & 4 \\ 1 & 4 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & 1 & 0 \\ 2 & 0 & 1 & 0 \end{bmatrix}$
	State Zip Code MI 48306-2224		Amount of Each Disbursement this Period
Purpose of Disbursement PAC Committee member travel to Annual Mtg		000	1393.56
Candidate Name		002 Category/	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	Туре	PAC Committee member travel to Annual Mtg
State: District:	· · · · ·		
SUBTOTAL of Disbursements This Page (optional) .		<b>&gt;</b>	3947.54

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 21k	ŕ	22 28a	П	23 28b	24	, F	25 29		26 30b	
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam													
NAME OF COMMITTEE (In Full)													
American Association of Nurse Anesthetis	ts Separate Segregated	Fund	I (CRN	A-P	AC)								
Full Name (Last, First, Middle Initial) John F. Kennedy Presidential Library and	Museum				Date	of D	isburse		899				
Mailing Address Special Events Office Columbia Point					0 9	М	1	<sup>D</sup> /	Y	ž 0 1	0 1		
City Boston	State Zip Code MA 02125				Amou	int o	f Each	Disburs	em	ent this	Peri	od	
Purpose of Disbursement Deposit for space rental for CRNA-PAC reception	at the AANA Annual Mtg	-	003				-		2	2745.0	00		
Candidate Name		ı	tegory/ Γype										
Office Sought: House Disburse Senate President State: District:	ement For:    Primary   General     Other (specify) ▼				Deposition CF the A.	sit f RNA ANA	or spa A-PAC A Anni	ace ren Frecep ual Mtg	tal tior	at			
Full Name (Last, First, Middle Initial) Mark M Bjornstad							on ID:	3228 ement	527	73			
Mailing Address 4441 Upton Ave S					0 <sup>M</sup> 9	М	/ D 1	<sup>D</sup> /	Υ	ž 0 1	0		
City Minneapolis	State Zip Code MN 55410-1931				Amou	int o	f Each	Disburs	em	ent this	Peri	od	
Purpose of Disbursement PAC Committee Travel to Annual Mtg			002	1			-			988.	16		
Candidate Name			tegory/ Γype										
Office Sought: House Senate President State: District:	ement For:    Primary   General     Other (specify)   \(\bigvery \)				PAC ( Annua			e Trav	el t	0			
Full Name (Last, First, Middle Initial)					Tuona		an ID.	3228	FO	) E			
Ann Walker-Jenkins					Date	of D	isburse	ement	) 		V		
Mailing Address 1100 South Barton St #2	96				0 9	М	1	5 /	_	ž 0 1	0 '		
City Arlington	State Zip Code VA 22204-4835				Amou	int o	f Each	Disburs	em		-	od	
Purpose of Disbursement				1						792.0	66		
Travel to Blue Dog Retreat Candidate Name		Ca	002 tegory/ Type										
Office Sought: House Disburse Senate President	ement For:    Primary   General     Other (specify)	<u>'</u>	100		Trave	l to	Blue	Dog Re	etre	at			
State: District:													
SUBTOTAL of Disbursements This Page (optional)				<u> </u>					4	525.8	32		

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District:

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s) (check on	E NUMBER: PAGE 44 / 44
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Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full)  American Association of Nurse Anesthetis	ts Separate Segregated Fund (CRNA-	PAC)
Full Name (Last, First, Middle Initial) American Express  Mailing Address Po Box 53852		Transaction ID: 32432626 Date of Disbursement  M 9 M / D 0 1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Phoenix	State Zip Code AZ 85072	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Fees Candidate Name	001 Category/	67.64
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	Credit Card Fees
Full Name (Last, First, Middle Initial) Edonations		Transaction ID: 32432886  Date of Disbursement  0 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Mailing Address 118 North Saint Asaph S	Street,	09 10 2010
City Alexandria	State Zip Code VA 22314	Amount of Each Disbursement this Period
Purpose of Disbursement Fees associated with collecting online CRNA-PAC Candidate Name	Category/ Type	123.36
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	Fees associated with collecting online CRNA-PAC donations from AANA members.

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	191.00
TOTAL This Period (last page this line number only)	<u> </u>	8664.36

State: